

**Industrial Assistance Fund (IAF) - Rural Fast Track Program
APPLICATION**

NOTE: All information provided will be made public unless otherwise specified by the applicant.

Company Name _____ Federal Tax ID _____

Contact Person _____

Mailing and Street Address _____

Telephone _____ Fax _____

☐ Qualifying County (Population less than 30,000 AND Average Household Income less than \$60,000)

☐ Company has been in business for at least 2 years

☐ Provide Certificate of Existence from the Utah Division of Corporations

☐ Provide copy of current business license

☐ Company must have at least 2 employees

☐ Provide current copy of quarterly Workforce Services Unemployment Insurance filing

☐ Company History/Capability

☐ Provide a summary of company products/services and markets

☐ Provide financial statements demonstrating profitability for the last two years

☐ Provide state and federal company tax returns for the last two years

☐ Job Creation Incentive (For creating high paying full-time jobs (FTE) that are in place for at least 12 months)

_____ Projected new FTE's that pay over 110% of the county average annual wage (\$1000 award per FTE)

_____ Projected new FTE's that pay over 115% of the county average annual wage (\$1250 award per FTE)

_____ Projected new FTE's that pay over 125% of the county average annual wage (\$1500 award per FTE)

☐ Business Development Incentive (for business expansion that promotes economic development)

☐ Requested Amount \$ _____ (\$50,000 max)

☐ Estimated Cost \$ _____ (provide documentation - quotes, bids, pricing etc.)

☐ Provide a detailed description of the business expansion

☐ Explain how the expansion promotes business and the economic development in rural Utah

ELECTRONIC COPY of **all** application material to ahamblin@utah.gov **OR** mail HARD COPY to:

Incentives - Governor's Office of Economic Development
324 S. State Street, 5th Floor, Salt Lake City, UT 84111

I hereby certify that all information provided is true and accurate and if anything causes the above not to be true, I will notify the agency.

Company Officer Signature _____

Print Name _____ **Date** _____

Office Use Only

____ Approve	____ Decline	Comments _____